

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097055592**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
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7	1		1			
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13	1		1			
14	1		1			
15		2		1		
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TOTAL IND.			5			
TOTAL DEP.			32			
TOTAL			37			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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